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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: | Identify Yourself | | | |
|-----|--------------------------------|---|--|---|---|
| | | | About Debtor 1: | , | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | | |
| | your pictu exar licer | e the name that is on government-issued tre identification (for nple, your driver's use or passport). | Barbara First name A Middle name | | First name Middle name |
| | iden | g your picture tification to your ting with the trustee. | Clark Last name and Suffix (Sr., Jr., II, III) | ī | Last name and Suffix (Sr., Jr., II, III) |
| 2. | | other names you have d in the last 8 years | | | |
| | | ide your married or den names. | | | |
| 3. | you num Indi | the last 4 digits of r Social Security sber or federal vidual Taxpayer tification number | xxx-xx-1751 | | |

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Case number (if known)

Debtor 1 Barbara A Clark

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | |
| | | 4737 Prairie Rose Dr Roscoe, IL 61073 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Winnebago County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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Case number (if known) Debtor 1 Barbara A Clark

| ar | Tell the Court About | Your E | Bankruptcy Ca | ase | | | | |
|-----|---|--------------------------|-----------------|---|--|---|----------------------------|--|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see <i>Notice Required by</i> page 1 and check the appropriat | 11 U.S.C. § 342(b) for Individuals Filing for Banki e box. | ruptcy | |
| | choosing to file under | ■ Chapter 7 □ Chapter 11 | | | | | | |
| | | | | | | | | |
| | | | Chapter 12 | | | | | |
| | | | Chapter 13 | | | | | |
| | | | | | | | | |
| 3. | How you will pay the fee | | about how yo | ou may pay. Typic attorney is subm | cally, if you are paying the fee yo | k with the clerk's office in your local court for mor urself, you may pay with cash, cashier's check, o alf, your attorney may pay with a credit card or ch | or money | |
| | | | | | Illments. If you choose this option (Official Form 103A). | n, sign and attach the Application for Individuals | to Pay | |
| | | | I request tha | at my fee be wai | ved (You may request this option | only if you are filing for Chapter 7. By law, a jud | ge may, | |
| | | | applies to yo | ur family size and | I you are unable to pay the fee ir | ur income is less than 150% of the official povert i installments). If you choose this option, you mus | y line that st fill out | |
| | | | the Application | on to Have the Cl | hapter 7 Filing Fee Waived (Office | ial Form 103B) and file it with your petition. | | |
| | | | | | | | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ N | 0. | | | | | |
| | | ΠY | es. | | | | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| | | | | | | | | |
| 10. | Are any bankruptcy cases pending or being | ■ N | 0 | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ПΥ | es. | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| 11 | Do you rent your | ΠN | a Go to l | line 12. | | | | |
| | residence? | | | | ned an eviction judgment agains | t you and do you want to stay in your residence? | | |
| | | ■ Y | es. , | | , с с | t you and do you want to stay in your residence. | | |
| | | | • | No. Go to line 12 | | | | |
| | | | | Yes. Fill out <i>Initi</i> bankruptcy petit | | <i>Judgment Against You</i> (Form 101A) and file it wit | h this | |

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| | | Document | Page 4 of 53 | |
|----------|-----------------|----------|------------------------|--|
| Debtor 1 | Barbara A Clark | | Case number (if known) | |

| Part | Report About Any Bu | sinesses | You Owr | as a Sole Proprietor | | | | |
|---|---|--------------|---|--|--|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | | |
| | | ☐ Yes. | Name and location of business | | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | e of business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | per, Street, City, State & ZIP Code | | | | |
| | it to this petition. | | Chec | k the appropriate box to describe your business: | | | | |
| | | | | Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | |
| | | | | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | | |
| | | | | Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | | |
| | | | | Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | | |
| | | | | None of the above | | | | |
| Chapter 11 of the deadlines. If you indicate that you are a small business debtor | | | s. If you ir is, cash-fl i.C. 1116(| | | | | |
| | For a definition of small | No. | ı am r | not filing under Chapter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| | | ☐ Yes. | I am f | illing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| Part | 24: Report if You Own or | Have Any | Hazardo | ous Property or Any Property That Needs Immediate Attention | | | | |
| | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs | ■ No. □ Yes. | What is If immediately needed, | the hazard? diate attention is why is it needed? s the property? | | | | |
| | urgent repairs? | | | Number, Street, City, State & Zip Code | | | | |
| | | | | Number, Street, Oity, State & Zip Gode | | | | |

Debtor 1 Barbara A Clark Page 5 of 53 Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Barbara A Clark Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 □ 200-999 19. How much do vou □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion ■ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion ■ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Barbara A Clark Signature of Debtor 2 Barbara A Clark Signature of Debtor 1 Executed on Executed on April 21, 2017 MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Barbara A Clark Page 7 of 53 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ William T. Ca Signature of Attor | | Date | April 21, 2017 MM / DD / YYYY |
|---|-----------------|---------------|----------------------------------|
| William T. Caco | iatore Jr. | | |
| Eric Pratt Law F | Firm P.C. | | |
| Rockford, IL 61 | | | |
| Number, Street, City, St | tate & ZIP Code | | |
| Contact phone 815 | 5-315-0683 | Email address | rockford@jordanpratt.com |
| 6244392 | | | |
| Bar number & State | | | |

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| | | DUCUIII | THE FAUC O UI JO | |
|---------------------|--------------------------|-------------------|------------------|---------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Barbara A Clark | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your as Value o | ssets f what you own |
|-----|--|--------------------|-------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 10,100.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 10,100.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 7,976.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 30,377.00 |
| | Your total liabilities | \$ | 38,353.00 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,225.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,222.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sch | edules. |
| | ■ Yes | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Case number (if known) Document

Debtor 1 Barbara A Clark

| | ne Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | \$ | 3,095.24 |
|--|---|----|----------|
|--|---|----|----------|

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clai | im |
|--|------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

Case 17-80958 Doc 1 Filed 04/21/17 Entered 04/21/17 14:25:32 Desc Main Page 10 of 53 Document Fill in this information to identify your case and this filing: Debtor 1 Barbara A Clark Middle Name Last Name First Name Debtor 2 Middle Name First Name Last Name (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Ford Make: Who has an interest in the property? Check one 3 1 the amount of any secured claims on Schedule D: Edge Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2011 Debtor 2 only Current value of the Current value of the 75000 entire property? Approximate mileage: Debtor 1 and Debtor 2 only portion you own? Other information: ☐ At least one of the debtors and another \$7,900.00 \$7,900.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$7,900.00 pages you have attached for Part 2. Write that number here.....=>

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

Official Form 106A/B Schedule A/B: Property

Part 3: Describe Your Personal and Household Items

Case 17-80958 Filed 04/21/17 Entered 04/21/17 14:25:32 Document Page 11 of 53 Debtor 1 Case number (if known) Barbara A Clark Yes. Describe..... Older Household furniture & personal belongings \$1,500.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No ■ Yes. Describe..... \$200.00 Tv, Computers, Cell phones, and other electronic devices 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$200.00 Necessary wearing apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No Yes. Describe..... \$100.00 Various Costume Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,000.00 for Part 3. Write that number here

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Doc 1

Current value of the portion you own? Do not deduct secured

Desc Main

page 2 Official Form 106A/B Schedule A/B: Property

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| Debtor 1 | Barbara A Clark | 2004.110116 | . ago == o. | Case number (if known) | |
|-----------------------|---|--|------------------------|---------------------------------|-----------------------------|
| | | | | | claims or exemptions. |
| ■ No | aples: Money you have in your wallet, | | | and when you file your petitior | n |
| | sits of money inples: Checking, savings, or other fina institutions. If you have multiple | | | in credit unions, brokerage ho | ouses, and other similar |
| _ | | Institution | name: | | |
| | 17.1. Checkin | g First Nati | onal Bank | | \$200.00 |
| Exam ■ No | s, mutual funds, or publicly traded apples: Bond funds, investment account | stocks ts with brokerage firms, mo or issuer name: | ney market accour | nts | |
| joint | publicly traded stock and interests i venture | n incorporated and uninc | corporated busine | sses, including an interest | in an LLC, partnership, and |
| ■ No □ Yes | . Give specific information about then Name of entity | | | % of ownership: | |
| Nego Non-i ■ No | rnment and corporate bonds and of tiable instruments include personal chaegotiable instruments are those you a . Give specific information about them Issuer name: | necks, cashiers' checks, pro cannot transfer to someone | omissory notes, and | d money orders. | |
| | ement or pension accounts apples: Interests in IRA, ERISA, Keogh, | 401(k), 403(b), thrift saving | gs accounts, or oth | er pension or profit-sharing pl | ans |
| | . List each account separately. Type of account: | Institution | name: | | |
| | 401(k) | Through | Employer | | \$0.00 |
| Your Exam ■ No | ity deposits and prepayments share of all unused deposits you have apples: Agreements with landlords, prepayed. | paid rent, public utilities (ele | ectric, gas, water), t | elecommunications companie | es, or others |
| | | | name or individual: | | |
| ■ No | ities (A contract for a periodic paymer | | or life or for a numb | er of years) | |
| | Issuer name and description in an education IRA, in an account | · | rogram, or under c | a qualified state tuition prog | ıram |
| 26 U.S ■ No | s.C. §§ 530(b)(1), 529A(b), and 529(b) | 0(1). | , | | rain. |
| | | | • | nterests.11 U.S.C. § 521(c): | |
| ■ No | equitable or future interests in pr Give specific information about then | | ng listed in line 1) | , and rights or powers exer | cisable for your benefit |

Official Form 106A/B Schedule A/B: Property page 3

Document Page 13 of 53 Case number (if known) Debtor 1 Barbara A Clark 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: \$0.00 **Employer Provided Term Policy** 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$200.00 for Part 4. Write that number here.....

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Doc 1

Filed 04/21/17

Entered 04/21/17 14:25:32

Desc Main

Case 17-80958 Doc 1 Filed 04/21/17 Entered 04/21/17 14:25:32 Desc Main Document Page 14 of 53 Case number (if known) Debtor 1 Barbara A Clark Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$7,900.00 57. Part 3: Total personal and household items, line 15 \$2,000.00 Part 4: Total financial assets, line 36 58. \$200.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$10,100.00 Copy personal property total \$10,100.00 63. Total of all property on Schedule A/B. Add line 55 + line 62

Official Form 106A/B Schedule A/B: Property page 5

\$10,100.00

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| | | Dodding | III I AAC TO OI OO | |
|---------------------|--------------------------|-------------------|--------------------|---------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Barbara A Clark | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | Check if this is an |
| | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | | unt of the exemption you claim | Specific laws that allow exemption |
|--|--|----------|--|------------------------------------|
| Older Household furniture & personal belongings Line from <i>Schedule A/B</i> : 6.1 | \$1,500.00 | | \$1,500.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Tv, Computers, Cell phones, and other electronic devices Line from <i>Schedule A/B</i> : 7.1 | \$200.00 | | \$200.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Various Costume Jewelry Line from <i>Schedule A/B</i> : 12.1 | \$100.00 | | \$100.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Checking: First National Bank Line from <i>Schedule A/B</i> : 17.1 | \$200.00 | | \$200.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| 401(k): Through Employer Line from <i>Schedule A/B</i> : 21.1 | \$0.00 | . | 100% 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1006 |

Entered 04/21/17 14:25:32 Filed 04/21/17 Document Page 16 of 53 Debtor 1 Barbara A Clark Case number (if known) 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Case 17-80958

No

Yes

Doc 1

Desc Main

| Case 17-80958 | Doc 1 Filed 04/21/17 Document | Entered Page 17 | d 04/21/17 14: of 53 | 25:32 Desc l | Main |
|---|---|--------------------|--|--|--------------------------------|
| Fill in this information to identify yo | ur case: | | | | |
| Debtor 1 Barbara A Clark | (| | | | |
| First Name | Middle Name | Last Name | | • | |
| Debtor 2 (Spouse if, filing) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the | NORTHERN DISTRICT OF ILL | INOIS | | | |
| Case number (if known) | | | | | k if this is an ided filing |
| <u>Official Form 106D</u> Schedule D: Creditors | s Who Have Claims | Secured | by Propert | V | 12/15 |
| Be as complete and accurate as possible. is needed, copy the Additional Page, fill it number (if known). 1. Do any creditors have claims secured be No. Check this box and submit Yes. Fill in all of the information | out, number the entries, and attach it by your property? this form to the court with your other | to this form. On | the top of any addition | nal pages, write your na | |
| | Delow. | | | | |
| Part 1: List All Secured Claims | | Pr | Column A | Column B | Column C |
| List all secured claims. If a creditor has for each claim. If more than one creditor ha much as possible, list the claims in alphabet | s a particular claim, list the other creditors | s in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Capital One Auto Finance | Describe the property that secures t | the claim: | \$7,976.00 | \$7,900.00 | \$76.00 |
| Creditor's Name Attn: General Correspondence/Bankruptc y Po Box 30285 Salt Lake City, UT 84130 | 2011 Ford Edge 75000 miles As of the date you file, the claim is: apply. ☐ Contingent | Check all that | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | An agreement you made (such as | mortgage or secu | ured | | |
| Debtor 2 only | car loan) | | | | |
| ☐ Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, med | chanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | | |
| Check if this claim relates to a | Other (including a right to offset) | | | | |

community debt Opened

07/13 Last Active

Date debt was incurred 2/27/17

Last 4 digits of account number

1001

\$7,976.00 Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. \$7,976.00 Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Page 18 of 53 Document Fill in this information to identify your case: Debtor 1 Barbara A Clark Middle Name Last Name First Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. List All of Your NONPRIORITY Unsecured Claims Part 2: 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.lf you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim 4.1 Last 4 digits of account number 7401 \$4,421.00 Amex Nonpriority Creditor's Name Opened 07/16 Last Active Correspondence Po Box 981540 When was the debt incurred? 11/25/16 ElPaso, TX 79998 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Other. Specify Credit Card

Best Case Bankruptcy

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Debtor 1 Barbara A Clark Case number (if know) 4.2 Associated Collectors, Inc. Last 4 digits of account number 3395 \$75.00 Nonpriority Creditor's Name Attn: Bankruptcy Dept When was the debt incurred? Opened 2/21/11 Po Box 1039 Janesville, WI 53547 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other Specify Southern Wisconsin Emergency ☐ Yes 4.3 Capital One / Furnit \$0.00 Last 4 digits of account number 4023 Nonpriority Creditor's Name Opened 07/14 Last Active Attn: General Correspondence/Bankruptcy When was the debt incurred? 3/02/16 Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes \$0.00 4.4 Chase Last 4 digits of account number 0033 Nonpriority Creditor's Name Attn: Correspondence Dept Opened 05/04 Last Active Po Box 15298 When was the debt incurred? 11/23/07 Wilmingotn, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Home Equity Line Of Credit ☐ Yes

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Debtor 1 Barbara A Clark Case number (if know) 4.5 Chase Card Last 4 digits of account number 0555 \$0.00 Nonpriority Creditor's Name Attn: Correspondence When was the debt incurred? Opened 05/07 Last Active 12/08 Po Box 15298 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.6 Citibank North America Last 4 digits of account number 6565 \$2,380.00 Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Opened 11/14 Last Active Bankrup When was the debt incurred? 12/09/16 Po Box 790040 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.7 Comenity Bank/the Buckle \$2,012.00 Last 4 digits of account number 7652 Nonpriority Creditor's Name Opened 09/13 Last Active Po Box 18215 When was the debt incurred? 11/25/16 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes

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Debtor 1 Barbara A Clark Case number (if know) 4.8 Comenity Bank/The Sports Authority Last 4 digits of account number 9683 \$0.00 Nonpriority Creditor's Name Opened 08/06 Last Active Po Box 182125 When was the debt incurred? 1/02/08 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account 4.9 Comenity Bank/Victoria Secret Last 4 digits of account number 2824 \$1,722.00 Nonpriority Creditor's Name Opened 06/13 Last Active Attn: Bankruptcy Po Box 182125 When was the debt incurred? 12/09/16 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Charge Account Other. Specify 4.1 Comenitybank/hottpic 2689 \$330.00 Last 4 digits of account number Nonpriority Creditor's Name Comenity Bank Opened 09/16 Last Active Po Box 182125 When was the debt incurred? 12/23/16 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes

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| Debt | or 1 Barbara A Clark | | Case number (if know) | |
|----------|--|--|--|------------|
| 4.1 1 | Comenitybank/meijer | Last 4 digits of account number | 0766 | \$1,625.00 |
| | Nonpriority Creditor's Name Comenity Bank Po Box 182125 | When was the debt incurred? | Opened 10/15 Last Active 12/09/16 | |
| | Columbus, OH 43218 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | ount | |
| 4.1 2 | Creditors Protection S | Last 4 digits of account number | 9847 | \$833.00 |
| | Nonpriority Creditor's Name Po Box 4115 Rockford, IL 61101 | When was the debt incurred? | Opened 1/23/15 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | • • | |
| | Yes | Other. Specify Mercy Healt | h | |
| 4.1 3 | Faye Lyons | Last 4 digits of account number | | \$4,000.00 |
| | Nonpriority Creditor's Name 1111 S. Alpine rd suite 703 Rockford, IL 61108 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | ■ Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | d alaim. | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a Ciaiiii. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □ Yes | | . | |
| | □ 162 | Other. Specify fees | | |

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| Dept | or 1 Barbara A Clark | | Case number (if know) | |
|----------|---|--|---|------------|
| 4.1 4 | Kohls/Capital One | Last 4 digits of account number | 2224 | \$1,104.00 |
| | Nonpriority Creditor's Name Kohls Credit Po Box 3043 Milwaukee, WI 53201 | When was the debt incurred? | Opened 07/15 Last Active 12/09/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Charge Acc | ount | |
| 4.1 5 | Mabt - Genesis Retail | Last 4 digits of account number | 8710 | \$0.00 |
| | Nonpriority Creditor's Name Bankcard Services Po Box 4477 | When was the debt incurred? | Opened 11/28/14 Last Active 9/04/15 | |
| | Beaverton, OR 97076 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit Card | | |
| 4.1 6 | Macys/DSNB Nonpriority Creditor's Name | Last 4 digits of account number | 6041 | \$8,070.00 |
| | Attn: Bankruptcy Po Box 8053 Mason, OH 45040 | When was the debt incurred? | Opened 10/97 Last Active 12/09/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Charge Acc | ount | |
| | | · · · <u></u> | | |

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| r 1 Barbara A Clark | Case number (if know) | |
|---|---|----------------|
| RMH Patholgist | | \$100.00 |
| Nonpriority Creditor's Name | Last 4 digits of account number When was the debt incurred? | \$100.00 |
| 6785 Weaver rd Rockford, IL 61114 | when was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Medical | |
| D 17 111 11 D1 11 | | DO15.00 |
| Rockford Health Physicians Nonpriority Creditor's Name | Last 4 digits of account number | \$815.00 |
| Dept 4701 | When was the debt incurred? | |
| Carol Stream, IL 60122 | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | _ | |
| Debtor 1 only | Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | |
| Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify medical | |
| | | |
| Rockford Mercantile | Last 4 digits of account number 2967 | \$586.00 |
| Nonpriority Creditor's Name 2502 S. Alpine Rd | When was the debt incurred? Opened 12/08/15 | |
| Rockford, IL 61108 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | ne et alle get ille, ille etallitiet eneek all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other, Specify Rockford Health System Rmh | |

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Case number (if know)

| Debtor | 1 Barbara A Clark | | Case number (if know) | |
|--------|--|---|--|------------|
| 4.2 | Syncb Bank/American Eagle Nonpriority Creditor's Name | Last 4 digits of account number | 7502 | \$373.00 |
| | Attn: Bankruptcy Po Box 965064 Orlando, FL 32896 Number Street City State Zlp Code | When was the debt incurred? As of the date you file, the claim i | Opened 07/15 Last Active 8/18/15 s: Check all that apply | |
| | Who incurred the debt? Check one. | , | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | ount | |
| 4.2 | Syncb/pandora Nonpriority Creditor's Name | Last 4 digits of account number | 2534 | \$1,300.00 |
| | Po Box 965064 Orlando, FL 32896 | When was the debt incurred? | Opened 03/15 Last Active 2/24/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | ount | |
| 4.2 | Synchrony Bank/ HH Gregg Nonpriority Creditor's Name | Last 4 digits of account number | 3250 | \$0.00 |
| | Attn: Bankruptcy Po Box 956060 Orlando, FL 32896 | When was the debt incurred? | Opened 6/23/06 Last Active 09/08 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Charge Acc | ount | |

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| Deptor | 1 Barbara A | Clark | | Case number | (if know) | | |
|----------------------------|---|---|--|------------------------|-----------------------|---------------------|-------------------|
| 4.2 | | Bank/ JC Penneys | Last 4 digits of account number | 8255 | | | \$0.00 |
| | Nonpriority Cred Attn: Bankru Po Box 9560 | uptcy 060 | When was the debt incurred? | Opened 11/ 12/09/03 | 02 Last Active | | |
| | | City State Zlp Code the debt? Check one. | As of the date you file, the claim | is: Check all that | apply | | |
| | | | _ | | | | |
| | Debtor 1 on | • | Contingent | | | | |
| | Debtor 2 on | | Unliquidated | | | | |
| | | d Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one | of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | | is claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim su | bject to offset? | Obligations arising out of a separeport as priority claims | aration agreement | t or divorce that you | did not | |
| | ■ No | | Debts to pension or profit-sharing | g plans, and othe | er similar debts | | |
| | ☐ Yes | | Other. Specify Charge Acc | ount | | | |
| 4.2 | Torgot | | | 4034 | | | \$631.00 |
| 4 | Target Nonpriority Cree | ditor's Name | Last 4 digits of account number | 4034 | | | φος 1.00 |
| | C/O Financi | al & Retail Srvs T POB 9475 | When was the debt incurred? | Opened 11/ 3/06/17 | 16 Last Active | | |
| | Minneapolis | | | <u> </u> | | | |
| | | City State Zlp Code | As of the date you file, the claim | is: Check all that | apply | | |
| | Who incurred | the debt? Check one. | | | | | |
| | Debtor 1 on | ly | ☐ Contingent | | | | |
| | Debtor 2 on | ly | ☐ Unliquidated | | | | |
| | Debtor 1 an | d Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one | of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if thi | is claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim su | bject to offset? | Obligations arising out of a separeport as priority claims | aration agreement | t or divorce that you | did not | |
| | ■ No | | Debts to pension or profit-sharing | g plans, and othe | er similar debts | | |
| | ☐ Yes | | ■ Other. Specify Credit Card | | | | |
| Part 3: | List Others | s to Be Notified About a Debt | That You Already Listed | | | | |
| is tryi have notifie | ng to collect fromore than one o | om you for a debt you owe to som creditor for any of the debts that y s in Parts 1 or 2, do not fill out or s | . 5 | Parts 1 or 2, the | en list the collectio | n agency here. | Similarly, if you |
| Part 4: 6. Total | | mounts for Each Type of Unsecured claims | ecured Claim s. This information is for statistical re | eporting purpos | es only. 28 U.S.C. § | §159. Add the ε | mounts for each |
| type o | of unsecured cla | aim. | | | Total Claim | | |
| | 6a. | Domestic support obligations | | 6a. \$ | Total Claim | 0.00 | |
| | Total | 0 | | · _ | | | |
| cl from P | aims Part 1 6b. | Taxes and certain other debts y | ou owe the government | 6b. \$ | | 0.00 | |
| | 6c. | Claims for death or personal in | = | 6c. \$ | | 0.00 | |
| | 6d. | Other. Add all other priority unsec | cured claims. Write that amount here. | 6d. \$ | | 0.00 | |
| | 6e. | Total Priority. Add lines 6a through | gh 6d. | 6e. \$ | | 0.00 | |
| | | | | | | | |
| | 6f. | Student loans | | 6f. \$ | Total Claim | 0.00 | |
| | Total | Judom Idano | | ъ. | | 0.00 | |

claims from Part 2

6g. Obligations arising out of a separation agreement or divorce that

0.00

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Debtor 1 Barbara A Clark

| | you did not report as priority claims | | |
|-----|---|-----|--|
| 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | |
| 6i | Other Add all other poppriority upsecured claims. Write that amount | 6i | |

- here.
- Total Nonpriority. Add lines 6f through 6i.
- 0.00 \$ 30,377.00
- 6j. 30,377.00

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| Fill in this information to identify your case: | | | | |
|---|--------------------------|-------------------|-------------|--|
| Debtor 1 | Barbara A Clark | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with Name, Number | whom you have th , Street, City, State and ZIF | e contract or lease Code | State what the contract or lease is for |
|-----|-----------|------------------------------|---|-----------------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 2.4 | - | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | Jil, | | Olato | 211 0000 | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |

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| | | Docume | ent Page 29 d | of 53 | |
|---------------------------|---|--|---------------------------|--|-----------|
| Fill in this | s information to identify you | r case: | | | |
| Debtor 1 | Barbara A Clark | | | | |
| Debior 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fili | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OE ILLINOIS | | |
| Officed Sta | ates bankruptcy Court for the. | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case num | ber | | | | |
| (if known) | _ | | | ☐ Check if this is a | n |
| | | | | amended filing | |
| | | | | | |
| Officia | l Form 106H | | | | |
| Sched | dule H: Your Co | debtors | | 4 | 12/15 |
| Jene | dale III. Tour ook | | | <u> </u> | 2/13 |
| ill it out, a our name | and number the entries in the and case number (if know | e boxes on the left. Attach n). Answer every question | n the Additional Page t | ion. If more space is needed, copy the Additiona othis page. On the top of any Additional Pages, | write |
| 1. Do | you have any codebtors? (I | f you are filing a joint case, | do not list either spouse | as a codebtor. | |
| ■ No | | | | | |
| ⊔ Yes | S | | | | |
| | thin the last 8 years, have yona, California, Idaho, Louisian | | | ry? (Community property states and territories includington, and Wisconsin.) | le |
| ■ No. | . Go to line 3. | | | | |
| | s. Did your spouse, former sp | ouse, or legal equivalent live | e with you at the time? | | |
| | , | | | | |
| in line Form | e 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make | r if your spouse is filing with you. List the person sure you have listed the creditor on Schedule D 16G). Use Schedule D, Schedule E/F, or Schedule | (Official |
| | Column 1: Your codebtor | 7ID 0 - 1 - | | Column 2: The creditor to whom you owe the | e debt |
| | Name, Number, Street, City, State and | ZIF GUUE | | Check all schedules that apply: | |
| 3.1 | | | | ☐ Schedule D, line | |
| 3.1 | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule C/F, line | |
| | | | | | |
| - | Number Street | _ | | _ | |
| | City | State | ZIP Code | | |
| 3.2 | | | | □ Schedula D. line | |
| 3.2 | Name | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| - | Number Street | | | | |
| | City | State | ZIP Code | | |

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| Fill | in this information to identify you | r case: | | | | | | | |
|-------------|--|--|---|--------------|----------------|--------------|--------------------------|------------------------------|----------|
| Del | btor 1 Barbara A | Clark | | | _ | | | | |
| | btor 2 puse, if filing) | | | | _ | | | | |
| Uni | ited States Bankruptcy Court for | he: NORTHERN DISTRI | CT OF ILLINOIS | | _ | | | | |
| (If kr | se number | | - | | A | | ed filing ent showing | postpetition lowing date: | chapter |
| 0 | fficial Form 106I | | | | \overline{N} | /IM / DD/ Y | YYY | | |
| S | chedule I: Your In | come | | | | | | | 12/15 |
| spo atta | plying correct information. If you se. If you are separated and you have separated sheet to this form the complex to the compl | our spouse is not filing w m. On the top of any addit | rith you, do not includ | de inform | ation about | t your spo | ouse. If mor | re space is r | needed, |
| ١. | information. | | Debtor 1 | | | Debtor 2 | or non-fili | ng spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | ☐ Emplo | • | | |
| | employers. | Occupation | manager | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Michaels | | | | | | |
| | Occupation may include studer or homemaker, if it applies. | et Employer's address | | | | | | | |
| | | How long employed t | there? 11 years | 3 | | _ | | | |
| Pai | Give Details About N | Ionthly Income | | | | | | | |
| | mate monthly income as of the use unless you are separated. | e date you file this form. If | you have nothing to re | eport for a | ny line, write | ∍ \$0 in the | space. Incl | ude your nor | n-filing |
| | ou or your non-filing spouse have e space, attach a separate sheet | | ombine the information | n for all en | nployers for | that perso | on on the line | es below. If y | ou need |
| | | | | | For Del | btor 1 | For Debt | tor 2 or g spouse | |
| 2. | List monthly gross wages, sa deductions). If not paid monthly | | | 2. | \$2 | 2,589.00 | \$ | N/A | |
| 3. | Estimate and list monthly over | ertime pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4 | Calculate gross Income. Add | l line 2 + line 3 | | 4 | \$ 25 | 80 00 | \$ | NI/A | |

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| Deb | tor 1 | Barbara A Clark | _ | Ca | ase number (if kno | own) | | | | |
|-----|--|---|--------|------|--------------------|------------|------|----------|----------------|-----------------|
| | | | | F | For Debtor 1 | | | Debtor : | | |
| | Сор | y line 4 here | 4. | \$ | 2,589. | 00 | \$ | ming o | N/A | _ |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | 9 | 5 515. | 00 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | | 00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | | | \$ | | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | | | \$ | | N/A | _ |
| | 5e. | Insurance | 5e. | \$ | 284. | 00 | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | \$ | 0. | 00 | \$ | | N/A | - |
| | 5g. | Union dues | 5g. | \$ | 0. | 00 | \$ | | N/A | _ |
| | 5h. | Other deductions. Specify: | 5h | + \$ | 0. | 00 | + \$ | | N/A | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 1,004. | 00 | \$ | | N/A | _ |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 1,585. | 00 | \$ | | N/A | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | |
| | | monthly net income. | 8a. | | | 00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | 0. | 00 | \$ | | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | | | | \$ | | N/A | |
| | 8d. | Unemployment compensation | 8d. | | | 00 | \$ | | N/A | _ |
| | 8e. | Social Security | 8e. | \$ | 0. | 00 | \$ | | N/A | = |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | | 00 | \$ | | N/A | _ |
| | 8g. | Pension or retirement income | 8g. | | 0. | 00 | \$ | | N/A | _ |
| | 8h. | Other monthly income. Specify: | 8h | + \$ | 60. | 00 | + \$ | | N/A | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 640. | 00 | \$ | | N// | Α |
| 10 | Cald | culate monthly income. Add line 7 + line 9. | 10. \$ | | 2,225.00 | . ¢ | | N/A | = \$ | 2,225.00 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | | 2,223.00 | Ψ- | | 11// | | 2,223.00 |
| 11. | 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 | | | | | | | | 0.00 | |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes | | | | | | 12. | \$ | 2,225.00 |
| | | | _ | | | | | | Combi month | nea y income |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. | ? | | | | | | | |
| | _ | Ves Explain: | | | | | | | | |

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| | | | | | | i | | | | |
|------------|------------------------------|--|------------------------|--|---|-------------|-----------------|-----------------------------|-------------------------------|------|
| Fill | in this informa | tion to identify yo | our case: | | | | | | | |
| Deb | otor 1 | Barbara A Cla | ark | | | Ch | eck if this | | | |
| Deb | Debtor 2 | | | | | | | ended filing Jement shov | wing postpetition chap | oter |
| (Spo | ouse, if filing) | | | | | | | | the following date: | |
| Unit | ed States Bankr | ruptcy Court for the | : NORTH | HERN DISTRICT OF ILLII | NOIS | | MM / D | D / YYYY | | |
| Cas | e number | | | | | | | | | |
| (If k | nown) | | | | | | | | | |
| O | fficial Fo | rm 106J | | | | | | | | |
| | | J: Your | Exper | ises | | | | | | 12/1 |
| Be info | as complete ormation. If m | and accurate as | possible eded, atta | . If two married people a ich another sheet to this | | | | | | |
| Par 1. | t 1: Descr Is this a joir | ribe Your House | hold | | | | | | | |
| ١. | No. Go to | | | | | | | | | |
| | | | in a separ | ate household? | | | | | | |
| | □ м | | · | | | | | | | |
| | ΠY | es. Debtor 2 mus | st file Offic | ial Form 106J-2, <i>Expense</i> | es for Separate House | ehold of De | ebtor 2. | | | |
| 2. | Do you have | e dependents? | □ No | | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debto | | De _l | pendent's | Does dependent live with you? | |
| | Do not state dependents | | | | Son | | 8 | | □ No ■ Yes | |
| | аоренаето | names. | | | | | | | □ No | |
| | | | | | Daughter | | 15 | | ■ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes ☐ No | |
| | | | | | | | | | □ No □ Yes | |
| 3. | expenses o | penses include f people other t d your depende | | No Yes | | | | | | |
| Par | t 2: Estim | ate Your Ongoi | na Month | ly Expenses | | | | | | |
| Est | imate your ex | cpenses as of yo | our bankr | uptcy filing date unless y is filed. If this is a sup | | | | | | |
| Inc | lude expense | s paid for with | non-cash | government assistance | if you know | | | | | |
| the | | h assistance an | | cluded it on Schedule I: | | | | Your exp | enses | |
| | The montest of | | | | | | | | | |
| 4. | | or nome owners and any rent for the | | ises for your residence. or lot. | Include first mortgage | | \$ | | 1,315.00 | |
| | If not include | led in line 4: | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 | |
| | | rty, homeowner's | | | | 4b. | · | | 18.00 | |
| | | maintenance, re owner's associat | | upkeep expenses | | 4c. 4d. | · | | 0.00 | |
| 5. | | | | oonlinium dues our residence, such as h | ome equity loans | 4u. 5. | · | | 0.00 | |

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| Debto | Barbara A Clark | Case num | ber (if known) | |
|---------------|--|-------------|----------------|----------------------------|
| 6. L | tilities: | | | |
| | a. Electricity, heat, natural gas | 6a. | \$ | 100.00 |
| | b. Water, sewer, garbage collection | 6b. | · - | 0.00 |
| | c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | · | 75.00 |
| | | 6d. | · · | |
| | | | · | 0.00 |
| | ood and housekeeping supplies | 7. | · | 200.00 |
| | hildcare and children's education costs | 8. | \$ | 0.00 |
| . C | lothing, laundry, and dry cleaning | 9. | \$ | 0.00 |
| 0. F | ersonal care products and services | 10. | \$ | 0.00 |
| 1. N | ledical and dental expenses | 11. | \$ | 0.00 |
| 2. T | ransportation. Include gas, maintenance, bus or train fare. | | | = |
| | o not include car payments. | 12. | \$ | 50.00 |
| 3. E | ntertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 4. C | haritable contributions and religious donations | 14. | \$ | 0.00 |
| 5. l ı | nsurance. | | - | |
| | o not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 5a. Life insurance | 15a. | \$ | 0.00 |
| 1 | 5b. Health insurance | 15b. | \$ | 0.00 |
| | 5c. Vehicle insurance | 15c. | · | 150.00 |
| | 5d. Other insurance. Specify: | 15d. | | 0.00 |
| | · · · | 130. | Ψ | 0.00 |
| | axes. Do not include taxes deducted from your pay or included in lines 4 or 20. pecify: | 16. | \$ | 0.00 |
| | · · · | | Ψ | 0.00 |
| | nstallment or lease payments: 7a. Car payments for Vehicle 1 | 17a. | ¢ | 244.00 |
| | • • | | · · | 314.00 |
| | 7b. Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | 7c. Other. Specify: | 17c. | | 0.00 |
| | 7d. Other. Specify: | 17d. | \$ | 0.00 |
| | our payments of alimony, maintenance, and support that you did not report as | 40 | c | 0.00 |
| | educted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | | |
| | ther payments you make to support others who do not live with you. | | \$ | 0.00 |
| | pecify: | 19. | | |
| | ther real property expenses not included in lines 4 or 5 of this form or on Sched | | | |
| 2 | 0a. Mortgages on other property | 20a. | \$ | 0.00 |
| 2 | 0b. Real estate taxes | 20b. | \$ | 0.00 |
| 2 | 0c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 2 | 0d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | 0e. Homeowner's association or condominium dues | 20e. | | 0.00 |
| | ther Specify: | 21. | | 0.00 |
| • | mier. Specily. | | -Ψ | 0.00 |
| 2. C | alculate your monthly expenses | | | |
| | 2a. Add lines 4 through 21. | | \$ | 2,222.00 |
| | 2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | | | · | 2 222 22 |
| 2 | 2c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,222.00 |
| 3. C | alculate your monthly net income. | | | |
| | 3a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,225.00 |
| | 3b. Copy your monthly expenses from line 22c above. | 23b. | · | 2,222.00 |
| 2 | ob. Copy your monthly expenses nomine 226 above. | ۷۵۵. | Ψ | ۷,۷۷۷.00 |
| ^ | 20 Subtract your monthly expenses from your monthly income | | | |
| 2 | 3c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | 3.00 |
| | The result is your <i>monthly het income.</i> | 200. | * | 3.33 |
| 24 F | o you expect an increase or decrease in your expenses within the year after you | ı file thic | form? | |
| | or example, do you expect to finish paying for your car loan within the year or do you expect your n | | | e or decrease because of a |
| | lodification to the terms of your mortgage? | | , | |
| | No. | | | |
| | | | | |
| L | Yes. Explain here: | | | |

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| Fill in this infor | mation to identify your | case: | | | |
|--------------------------------------|--|---------------------------|--------------------------|---|---|
| Debtor 1 | Barbara A Clark | | | | |
| Dahtar 0 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an amended filing |
| f two married p You must file thi | eople are filing together | n connection with a bank | nsible for supplying co | orrect information. es. Making a false state | ement, concealing property, or 00, or imprisonment for up to 20 |
| Sig | ın Below | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attor | ney to help you fill out | bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | kruptcy Petition Preparer's Notice, ,, and Signature (Official Form 119) |
| | alty of perjury, I declare re true and correct. | that I have read the sumi | mary and schedules fil | led with this declaration | on and |
| X /s/ Rar | bara A Clark | | x | | |
| Barbar | ra A Clark ure of Debtor 1 | | Signature o | of Debtor 2 | |
| Date | April 21, 2017 | | Date | | |

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| Fill i | n this inform | nation to identify you | r case: | | | |
|-----------------|---|--|--|---|---|---|
| Debt | | Barbara A Clark | - Guooi | | | |
| Dobi | 101 1 | First Name | Middle Name | Last Name | | |
| Debt (Spou | tor 2 se if, filing) | First Name | Middle Name | Last Name | | |
| | | nkruptcy Court for the: | NORTHERN DISTRICT (| | | |
| Office | eu States Da | initiapitely Court for the. | NORTHERN DISTRICT | DI ILLINOIS | | |
| Case (if kno | e number _{own)} | | | | - | Check if this is an mended filing |
| Sta | | of Financial | Affairs for Individ | | | 4/10 |
| inforı | mation. If m | | attach a separate sheet to | | equally responsible for sup additional pages, write you | |
| Part | 1: Give D | etails About Your Ma | nrital Status and Where You | Lived Before | | |
| 1. \ | What is you | r current marital statu | ıs? | | | |
| | ☐ Married■ Not mar | ried | | | | |
| 2. I | During the I | ast 3 vears have you | lived anywhere other than | where you live now? | | |
| | _ | aot o youro, navo you | mrou uny moro outer mun | mioro you mio nom : | | |
| l | ■ No □ Yes. Lis | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory co, Texas, Washington and W | |
| | ■ No □ Yes. Ma | ake sure vou fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H) | | |
| | | ino caro you iiii cat coi | ioddio 11. 1odi Godobiolo (G | modification rooms. | | |
| Part | 2 Explai | n the Sources of You | r Income | | | |
| ı | Fill in the tota | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| ļ | □ No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | • | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$4,800.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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| Debtor 1 | Barbara A Clark | Document | Page 36 of 53 Case number (if known) | mber (if known) | | |
|----------|-----------------|----------|--------------------------------------|-----------------|--|--|
| | | | | | | |

| | | Debtor 1 | | Debtor 2 | | |
|--|--|--|--|---|---|--|
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | |
| | lendar year: to December 31, 2016) | ■ Wages, commissions, bonuses, tips | \$25,000.00 | ☐ Wages, commissions, bonuses, tips | | |
| | | ☐ Operating a business | | ☐ Operating a business | | |
| For the calendar year before that: (January 1 to December 31, 2015) | | ■ Wages, commissions, bonuses, tips | \$22,600.00 | ☐ Wages, commissions, bonuses, tips | | |
| | | ☐ Operating a business | | ☐ Operating a business | | |
| ■ No | Ç | ome from each source separat | ely. Do not include income t | , | | |
| | | Debtor 1 | | Debtor 2 | | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) | |
| Part 3: | ist Certain Payments You | ı Made Before You Filed for I | Bankruptcy | | | |
| 6. Are eitl | D. Neither Debtor 1 nor individual primarily for a During the 90 days bef No. Go to line Yes List below paid that cont include | P's debts primarily consumer Debtor 2 has primarily consumer personal, family, or household pre you filed for bankruptcy, did 7. each creditor to whom you paid reditor. Do not include payment payments to an attorney for the ton 4/01/19 and every 3 years | mer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,425* or more its for domestic support oblighis bankruptcy case. | I of \$6,425* or more? n one or more payments and t ations, such as child support a | he total amount you and alimony. Also, do | |

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

■ No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

attorney for this bankruptcy case.

Creditor's Name and Address

Dates of payment

Total amount paid

Amount you still owe

Was this payment for ...

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Debtor 1 Barbara A Clark Case number (if known)

| | | | | • | · ——— | |
|--------------|---|---|--|---|----------------------------------|---|
| | | | | | | |
| li o a | Vithin 1 year before you filed for bankruptonsiders include your relatives; any general pair f which you are an officer, director, person in business you operate as a sole proprietor. 1 limony. | ortners; relatives of any general control, or owner of 20% of | neral partners; partners or more of their voting | erships of which y g securities; and | ou are a general any managing ag | partner; corporations ent, including one for |
| | No Yes. List all payments to an insider. | | | | | |
| | nsider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | his payment |
| ir | /ithin 1 year before you filed for bankrupto sider? colude payments on debts guaranteed or cos | | ments or transfer a | any property on | account of a del | ot that benefited an |
| | No Yes. List all payments to an insider | | | | | |
| I | nsider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t Include credit | |
| Part 4 | Identify Legal Actions, Repossession | ns. and Foreclosures | | | | |
| [[| No Yes. Fill in the details. Case title | Nature of the case | Court or agoney | | Status of the | |
| | Case number | Nature of the case | Court or agency | | Status of the | case |
| Ì | 3arbara Clark ⁄s Brian Moe 2009F363 | family | Winnebago Cou | unty | ☐ Pending☐ On appea☐ Conclude | |
| 10. V | /ithin 1 year before you filed for bankrupto heck all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | cy, was any of your prop ∾. | erty repossessed, f | oreclosed, garn | ished, attached, | seized, or levied? |
| (| Creditor Name and Address | Describe the Property | | Date | е | Value of the property |
| | | Explain what happene | d | | | |
| | /ithin 90 days before you filed for bankrup ccounts or refuse to make a payment bec No Yes. Fill in the details. | | cluding a bank or fir | nancial institutio | on, set off any ar | nounts from your |
| • | Creditor Name and Address | Describe the action the | e creditor took | Date take | e action was en | Amount |
| | /ithin 1 year before you filed for bankrupto | | erty in the possess | ion of an assign | ee for the benef | it of creditors, a |
| | No No | | | | | |

☐ Yes

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Document Page 38 of 53 Debtor 1 Barbara A Clark Case number (if known) Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Dates you gave Describe the gifts Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe any insurance coverage for the loss Describe the property you lost and Date of your Value of property how the loss occurred loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. **List Certain Payments or Transfers** Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of transferred or transfer was Address payment **Email or website address** made Person Who Made the Payment, if Not You Eric Pratt Law Firm P.C. Attorney Fees \$1,485.00 3957 North Mulford Rd. Suite C Rockford, IL 61114 rockford@jordanpratt.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.

No

☐ Yes Fill in the details.

Person Who Was Paid Address

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

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Case number (if known) Document

Debtor 1 Barbara A Clark

| 18. | Within 2 years before you filed for ban transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have a second or the second of the | <mark>our busi</mark> ers made | iness or financial affa e as security (such as | airs? the granting of a | - | | | |
|-----|--|-----------------------------------|--|----------------------------|-------------|---|----------|---|
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Person Who Received Transfer Address | | Description and very property transfer | | paym | ribe any property or ents received or debts n exchange | Date | e transfer was de |
| | Person's relationship to you | | | | • | . | | |
| 19. | Within 10 years before you filed for ba beneficiary? (These are often called ass ■ No ■ Yes. Fill in the details. | | | ny property to a | self-settle | ed trust or similar device | of wh | ich you are a |
| | Name of trust | | Description and | value of the pro | norty trong | oformad | Dot | e Transfer was |
| | Name of trust | | Description and v | value of the pro | perty trans | Sierreu | mad | |
| Par | rt 8: List of Certain Financial Accoun | ts, Instru | uments, Safe Deposi | t Boxes, and St | orage Unit | ts | | |
| 20. | Within 1 year before you filed for bank sold, moved, or transferred? Include checking, savings, money mar | ket, or o | other financial accou | nts; certificates | of deposi | | | , |
| | houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | |
| | No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | | ast 4 digits of ccount number | Type of account instrument | unt or | Date account was closed, sold, moved, or transferred | be | Last balance fore closing or transfer |
| 21. | Do you now have, or did you have with cash, or other valuables? | nin 1 yea | r before you filed for | r bankruptcy, ar | ny safe de | posit box or other depos | sitory f | or securities, |
| | ■ No | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution | | Who else had acc | cess to it? | Describe | the contents | D | o you still |
| | Address (Number, Street, City, State and ZIP Co | ode) | Address (Number, S State and ZIP Code) | | | | | ave it? |
| 22. | Have you stored property in a storage | unit or p | place other than your | r home within 1 | year before | re you filed for bankrupt | cy? | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility | | Who else has or l | had access | Describe | the contents | D | o you still |
| | Address (Number, Street, City, State and ZIP Co | ode) | to it? Address (Number, State and ZIP Code) | Street, City, | | | h | ave it? |
| Par | rt 9: Identify Property You Hold or Co | ntrol for | Someone Else | | | | | |
| 23. | Do you hold or control any property th for someone. | at some | one else owns? Incl | ude any proper | ty you bor | rowed from, are storing | for, or | hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Co | ode) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | | Value |
| Par | rt 10: Give Details About Environment | al Inform | nation | | | | | |
| For | the purpose of Part 10, the following de | finitions | s apply: | | | | | |
| ٠. | ppood of 1 die 10, the following de | | - ~~~. | | | | | |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

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Case number (if known) Document

Debtor 1 Barbara A Clark

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| | haz | ardous material, pollutant, contaminant, | or similar term. | | | , | | |
|-----|---|--|--|--|-------------------------------------|--------------------|--|--|
| Rep | ort a | all notices, releases, and proceedings that | at you know about, regardless of when | the | ey occurred. | | | |
| 24. | Has | s any governmental unit notified you that | you may be liable or potentially liable | und | der or in violation of an environme | ental law? | | |
| | | No | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | me of site Idress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Address (Number, Street, City, State and | | Date of notice | | |
| 25. | Hav | ve you notified any governmental unit of | any release of hazardous material? | | | | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | me of site Idress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | |
| 26. | Hav | ve you been a party in any judicial or adn | ninistrative proceeding under any envi | ronr | mental law? Include settlements a | and orders. | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | | |
| Par | t 11 | Give Details About Your Business or | Connections to Any Business | | | | | |
| 27. | | hin 4 years before you filed for bankrupt | | v of | the following connections to any | hueinaee2 | | |
| 21. | VVII | ☐ A sole proprietor or self-employed in | | • | • | Dusiness: | | |
| | | ☐ A member of a limited liability comp | | | • | | | |
| | | ☐ A partner in a partnership | | | | | | |
| | | ☐ An officer, director, or managing executive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | | No. None of the above applies. Go to P | Part 12 | | | | | |
| | | Yes. Check all that apply above and fill | | S. | | | | |
| | Bu | siness Name | Describe the nature of the business | | Employer Identification number | • | | |
| | | dress mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Do not include Social Security | number or ITIN. | | |
| | | | | | Dates business existed | | | |
| 28. | | hin 2 years before you filed for bankrupt titutions, creditors, or other parties. | cy, did you give a financial statement t | to ar | nyone about your business? Inclu | ide all financial | | |
| | | No | | | | | | |
| | | Yes. Fill in the details below. | | | | | | |
| | Ad | me Idress mber, Street, City, State and ZIP Code) | Date Issued | | | | | |

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Case number (if known) Debtor 1 Barbara A Clark

| Part 12: Sign Below | | |
|---|--|---|
| are true and correct. I understand that m | • | d I declare under penalty of perjury that the answers or obtaining money or property by fraud in connection years, or both. |
| /s/ Barbara A Clark | | |
| Barbara A Clark | Signature of Debtor 2 | |
| Signature of Debtor 1 | | |
| Date April 21, 2017 | Date | |
| Did you attach additional pages to Your | Statement of Financial Affairs for Individuals F | Filing for Bankruptcy (Official Form 107)? |
| ■ No | | |
| ☐ Yes | | |
| Did you pay or agree to pay someone w | ho is not an attorney to help you fill out bankru | ptcy forms? |
| ■ No | | |
| ☐ Yes. Name of Person Attach the | e Bankruptcy Petition Preparer's Notice, Declaration | on, and Signature (Official Form 119). |

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| Fill in this inforn | nation to identify your | case: | | | | |
|--------------------------------------|--|--|-----------------|---|--------------|---|
| Debtor 1 | Barbara A Clark | Maridalla Nierra | | Last Name | | |
| Debtor 2 | First Name | Middle Name | | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | | Last Name | - | |
| United States Bar | nkruptcy Court for the: | NORTHERN DIST | TRICT OF IL | LINOIS | | |
| Case number | | | | | | |
| (if known) | | | | | | ☐ Check if this is an amended filing |
| Official Fo | | n for Indiv | iduals | s Filing Under Cha _l | oter 7 | 12/15 |
| | vidual filing under cha | | out this fo | rm if: | | |
| you have lease You must file this | ed personal property a s form with the court w ver is earlier, unless th | nd the lease has neithin 30 days after | you file you | ur bankruptcy petition or by the da ause. You must also send copies t | | |
| | ople are filing together d date the form. | in a joint case, bo | th are equa | lly responsible for supplying corre | ect informa | tion. Both debtors must |
| | and accurate as possib our name and case nur | | needed, at | tach a separate sheet to this form. | On the to | p of any additional pages, |
| Part 1: List Yo | our Creditors Who Have | e Secured Claims | | | | |
| 1. For any creditorinformation be | - | art 1 of Schedule D | : Creditors | Who Have Claims Secured by Prop | perty (Offic | cial Form 106D), fill in the |
| | editor and the property the | hat is collateral | What do secures | you intend to do with the property a debt? | | Did you claim the property as exempt on Schedule C? |
| | | | | | | |
| Creditor's Caname: | apital One Auto Finar | ice | | nder the property. In the property and redeem it. | | □ No |
| | 2011 Ford Edge 750 | 000 miles | ■ Retain | the property and enter into a | | ■ Yes |
| property securing debt: | | | _ | irmation Agreement. the property and [explain]: | | |
| securing debt. | | | | | | |
| | our Unexpired Persona | | | | | |
| in the information | n below. Do not list rea | I estate leases. Un | expired lea | e G: Executory Contracts and Uner ses are leases that are still in effec does not assume it. 11 U.S.C. § 36 | t; the leas | |
| Describe vour u | nexpired personal pro | perty leases | | | Will | the lease be assumed? |
| • | | • | | | | |
| Lessor's name: Description of lea | sed | | | | | lo |
| Property: | iscu | | | | □ Y | 'es |
| Lessor's name: | | | | | | lo |
| Description of lea Property: | sed | | | | □ Y | ′es |
| Lessor's name: | | | | | | lo |
| Official Form 108 | | Statement of In | tention for | Individuals Filing Under Chapter 7 | | page |

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| Del | btor 1 | Barbara A Clark | Case number (if known) | |
|-----|------------------------------------|---|--|-------------------------------|
| | scription operty: | of leased | | ☐ Yes |
| De | ssor's nan scription operty: | me: of leased | | □ No □ Yes |
| De | ssor's na scription operty: | me: of leased | | □ No □ Yes |
| De | ssor's na scription operty: | me: of leased | | □ No □ Yes |
| De | ssor's na scription operty: | me: of leased | | □ No □ Yes |
| Pai | rt 3: S | ign Below | | |
| | | Ity of perjury, I declare that I have ind at is subject to an unexpired lease. | licated my intention about any property of my estate that se | cures a debt and any personal |
| X | Barba | rbara A Clark ra A Clark ure of Debtor 1 | Signature of Debtor 2 | |
| | Date | April 21, 2017 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

- \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-80958 Doc 1 Filed 04/21/17 Entered 04/21/17 14:25:32 Desc Main Document Page 48 of 53

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In re | e Barbara A Clark | | Case No. | | |
|--------|---|---|--------------------|------------------------------------|----|
| | | Debtor(s) | Chapter | 7 | _ |
| | DISCLOSURE OF COME | PENSATION OF ATTORN | NEY FOR DI | EBTOR(S) | |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplati | filing of the petition in bankruptcy, or | agreed to be paid | to me, for services rendered or to |) |
| | For legal services, I have agreed to accept | | \$ | 1,485.00 | |
| | Prior to the filing of this statement I have receive | | | 1,485.00 | |
| | Balance Due | | | 0.00 | |
| 2. | \$_335.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed co | ompensation with any other person un | lless they are mem | bers and associates of my law fire | m. |
| | ☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the | | | | |
| 5. | In return for the above-disclosed fee, I have agreed t | o render legal service for all aspects of | of the bankruptcy | case, including: | |
| i | a. [Other provisions as needed] see attached fee agreement | | | | |
| 7. | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any disadversary proceeding or any Inquiries in | schargeability actions, judicial lien | | ef from stay actions or any oth | er |
| | | CERTIFICATION | | | _ |
| this b | I certify that the foregoing is a complete statement of bankruptcy proceeding. | f any agreement or arrangement for pa | ayment to me for r | epresentation of the debtor(s) in | |
| Α | April 21, 2017 | /s/ William T. Caccia | | | |
| D | Date | William T. Cacciatore Signature of Attorney | e Jr. 6244392 | | |
| | | Eric Pratt Law Firm F | P.C. | | |
| | | 3957 North Mulford F | Rd. Suite C | | |
| | | Rockford, IL 61114 815-315-0683 Fax: | 815-516-50/2 | | |
| | | rockford@jordanprat | | | |
| | | Name of law firm | | | |

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| CHAPTER 7 FLAT FEE AGREEMENT |
|---|
| Eric Pratt Law Firm, P.C. ("Attorney"), is engaged to represent |
| Client agrees to pay Attorney a flat fee of \$ |
| Client understands that bankruptcy laws only allow for protection of certain amount of property and if any property remains unprotected, Client understands the Chapter 7 Trustee can sell it if Client does not or cannot buy out the Trustee's interest and that the US Trustee may object to the filing of a Chapter 7 if they believe Client has excess income and should be filing a Chapter 13. |
| Certain debts are not dischargeable under the bankruptcy laws, such as, student loans or educational debts, some taxes, undisclosed debts, debt related to family court matters (support/maintenance), fines, debts incurred by fraud, debts incurred after filing, future association/condo HOA dues, or any other debt found non-dischargeable by the Judge. |
| Client agrees not to transfer any property or incur any debt without expressed permission from Attorney or the Court. Client agrees to make full disclosure of all income, expenses, debts, and assets at the initial consultation and on the bankruptcy petition. |
| Client understands bankruptcy law requires the completion of a pre-filing and a post-filing course. Client agrees to pay for both the pre-filing and post-filing course independently of this agreement and working with Attorney to make sure that the certificates are received. If Client's case is closed without discharge by the Bankruptcy Court due to failure to complete post-filing course, Client shall be required to pay fees and cost related to the reopening of the case. |
| Attorney-Client relationship terminates and the attorney's file will be closed upon receipt of discharge of bankruptcy unless otherwise specified on this document. In the event Client terminates or cancels this Agreement prior to the filing of the bankruptcy Attorney shall deduct the amount of \$300 prior to refunding. Attorney shall promptly refund any amount in excess of \$300. Client authorizes Attorney to transfer any funds held in the trust account to the operating account at the time of such termination to ensure the amounts due and owing to either party can be properly assessed. Any and all physical records will be maintained in accordance with the laws governing such records and will be destroyed no later than 7 years after the file's closure. |
| By signing this agreement, I agree that I have had an opportunity to discuss the agreement with Attorney, understand the agreement, and have had an opportunity to ask questions and have received an explanation for any questions that I had. |
| CLIENT ERIC PRATTLAW FIRM, P.C. |
| Total: |
| If payment via debit card, payments are as follows: \$ \frac{150}{150} \text{ today. Then, \$ \frac{150}{150} \text{ today. Then, \$ \frac{150}{150} \text{ today. Then, \$ \frac{150}{150} and will be automatic via debit card on file with no prior authorization necessary. The \$335.00 cannot be debited from the card and shall be paid via check or cash |
| with no prior authorization necessary. The \$335.00 cannot be debited from the card and shall be paid via check or cash prior to filing. Print today via 310 prior previously and \$25 prior 70 day |
| If payment via cash or check, payments are as follows: \$today. Then, \$ |

to be mailed in or dropped off at the office. The \$335.00 filing fee shall be paid prior to filing.

United States Bankruptcy Court Northern District of Illinois

| | | 1 (of the Bistrict of Immors | | |
|-------|--|---|------------------------------|----------------|
| In re | Barbara A Clark | | Case No. | |
| | | Debtor(s) | Chapter 7 | |
| | | | | |
| | VE | CRIFICATION OF CREDITOR N | MATRIX | |
| | | Number o | f Creditors: | 25 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of cred | itors is true and correct to | the best of my |
| Date: | April 21, 2017 | /s/ Barbara A Clark Barbara A Clark Signature of Debtor | | |

Amex Correspondence Po Box 981540 ElPaso, TX 79998

Associated Collectors, Inc. Attn: Bankruptcy Dept Po Box 1039 Janesville, WI 53547

Capital One / Furnit Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Auto Finance Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Attn: Correspondence Dept Po Box 15298 Wilmingotn, DE 19850

Chase Card Attn: Correspondence Po Box 15298 Wilmington, DE 19850

Citibank North America Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179

Comenity Bank/the Buckle Po Box 18215 Columbus, OH 43218

Comenity Bank/The Sports Authority Po Box 182125 Columbus, OH 43218

Comenity Bank/Victoria Secret Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenitybank/hottpic Comenity Bank Po Box 182125 Columbus, OH 43218

Comenitybank/meijer Comenity Bank Po Box 182125 Columbus, OH 43218

Creditors Protection S Po Box 4115 Rockford, IL 61101

Faye Lyons 1111 S. Alpine rd suite 703 Rockford, IL 61108

Kohls/Capital One Kohls Credit Po Box 3043 Milwaukee, WI 53201

Mabt - Genesis Retail Bankcard Services Po Box 4477 Beaverton, OR 97076

Macys/DSNB Attn: Bankruptcy Po Box 8053 Mason, OH 45040

RMH Patholgist 6785 Weaver rd Rockford, IL 61114

Rockford Health Physicians Dept 4701 Carol Stream, IL 60122 Rockford Mercantile 2502 S. Alpine Rd Rockford, IL 61108

Syncb Bank/American Eagle Attn: Bankruptcy Po Box 965064 Orlando, FL 32896

Syncb/pandora Po Box 965064 Orlando, FL 32896

Synchrony Bank/ HH Gregg Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/ JC Penneys Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Target C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440